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MORTALITY FROM SUICIDE

United States General Population, 1968-69 to 1978-79
Metropolitan Life Insurance Company Standard Ordinary Policyholders, 1970-71 to 1980-81

United States General Population

Age	Death Rate per 100,000				Percent Change	
	1968-69		1978-79			
	Male	Female	Male	Female	Male	Female
All Ages*	16.6	6.4	18.4	6.1	11	— 5
15-24	11.6	3.6	20.2	4.8	74	33
25-34	17.7	7.5	25.8	7.9	46	5
35-44	21.9	11.3	21.9	9.7	—	—14
45-54	27.1	12.4	23.1	11.0	—15	—11
55-64	33.4	10.9	26.4	9.7	—21	—11
65-74	34.9	8.5	32.3	7.7	— 7	— 9
75 and over	44.0	6.3	47.4	6.6	8	5

Metropolitan Standard Ordinary Policyholders

Age	Death Rate per 100,000				Percent Change	
	1970-71		1980-81			
	Male	Female	Male	Female	Male	Female
All Ages*	9.2	4.6	10.3	3.8	12	—17
15-24	6.8	2.7	15.8	5.5	132	104
25-34	10.1	4.3	12.3	3.6	22	—16
35-44	11.2	7.6	11.7	4.5	5	—41
45-54	15.3	8.6	11.4	4.7	—26	—45
55-64	17.2	9.7	12.5	5.8	—27	—40
65-74	22.5	6.8	18.4	8.5	—18	25
75 and over	23.0	†	23.3	†	1	†

*Adjusted on basis of age distribution of the United States total population, 1940.
†Fewer than 10 deaths; rate not computed.

Source of basic data: Reports of the Division of Vital Statistics, National Center for Health Statistics.

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Recent Trends in Suicide

Deaths from suicide in the United States increased from 22,364 in 1969 to 27,206 in 1979, a rise of about 22 percent. Ranked 11th among the leading causes of death in the nation in 1969, suicide is currently in 10th place, with a mortality rate of 12.4 per 100,000 population.

The actual toll from suicide is probably higher because many self-inflicted deaths are not recorded as such. It is difficult in some cases to determine whether the death was actually due to an accident or to suicide. There is also some reluctance to attribute deaths to suicide because of the social stigma attached to such deaths. Nevertheless, in 1978-79 the average annual age-adjusted death rate from suicide among men and women in the general population of the United States reached 12.0 per 100,000, or about 11 percent more than that registered 10 years earlier. Among insured lives, the mortality from suicide rose to 7.9 per 100,000, an increase of 3 percent during the period from 1970-71 to 1980-81. The insured men and women in this study were drawn chiefly from the urban middle class and were considered to be in good health at the time their insurance was issued. The men and women in the general population included a large proportion of persons at the lower socioeconomic levels, as well as some in poor health.

The table on page 2 presents detailed data on mortality from suicide in the general population and among Standard Ordinary policyholders of the Metropolitan Life Insurance Company. Average annual death rates for selected age groups and for all ages combined are shown for 1968-69 and 1978-79 for the general population, and for 1970-71 and 1980-81 for insured persons, with the percent change computed for the 10-year period. The death rates at all ages combined have been age adjusted to allow for changes in the age composition of the population; such standardization permits a more meaningful comparison of mortality trends.

Among males in the general population the death rate from suicide was 18.4 per 100,000 at all ages combined in 1978-79, or 11 percent more than the rate recorded 10 years earlier. During the 10-year period, suicide rates increased among males aged 15-34 and among those aged 75 and over, declined at ages 45-74, and remained the same at ages 35-44. The greatest increase in suicide rates was that recorded at ages 15-24 (74 percent), followed by a 46-percent increase at ages 25-34. Among males aged 15-34, suicide ranked third among the leading causes of death in 1979, after accidents and homicide. Suicide rates declined by 15 percent at ages 45-54, by 21 percent at ages 55-64, and by 7 percent at ages 65-74. At ages 75 and over, however, the suicide rate rose by 8 percent.

Suicide rates among male Standard Ordinary policyholders were generally about half the rates among males in the general population. The death rate from suicide at all ages combined among the insured men was 10.3 per 100,000 in 1980-81, or 12 percent more than the rate in 1970-71. Between 1970-71 and 1980-81, suicide rates among insured men rose at ages 15-44 and at ages 75 and over. The largest increase (132 percent) occurred at ages 15-24, followed by an increase of 22 percent at ages 25-34. Death rates from suicide declined among male policyholders at ages 45-74, with the decreases ranging from 18 percent at ages 65-74 to 27 percent at ages 55-64.

Death rates from suicide among women in the general population averaged 6.1 per 100,000 at

all ages combined in 1978-79, or 5 percent less than the average rate in 1968-69. Suicide rates among women in the general population increased at ages 15-34 and at ages 75 and over, but declined at ages 35-74. As was the case for men, the greatest rise in death rates among women occurred at ages 15-24—up by a third. There was an increase of 5 percent in the rates at ages 25-34. In 1979, suicide was the third leading cause of death among women aged 15-34. Suicide rates declined by 14 percent at ages 35-44, by 11 percent at ages 45-64, and by 9 percent at ages 65-74. At ages 75 and over, suicide rates increased by 5 percent.

The suicide rates among women in the general population were considerably lower than the rates among men for every age group shown. In 1978-79 the lowest death rate from suicide among males was 84 percent greater than the highest rate among females. The sex differential widened steadily after age 35. At ages 35-44, the suicide rate among males was 21.9 per 100,000, more than double the rate of 9.7 per 100,000 among females; at ages 75 and over, the rate among males (47.4 per 100,000) was about seven times higher than that among females.

Among women insured under Standard Ordinary policies of Metropolitan Life, suicide rates at all ages combined averaged 3.8 per 100,000 in 1980-81 or 17 percent less than in 1970-71. The death rates from suicide among insured women were generally lower than the rates among women in the general population. At ages 15-24, the suicide rate among insured women increased from 2.7 per 100,000 in 1970-71 to 5.5 per 100,000 in 1980-81, an increase of 104 percent. During the same period the rate at ages 65-74 rose by a quarter—from 6.8 per 100,000 to 8.5 per 100,000. Suicide rates among insured women declined, however, by 16 percent at ages 25-34 and by more than 40 percent at ages 35-64.

Suicide attempts are more frequent among women than among men, but men are more likely to complete the act. Men usually select more violent methods (such as shooting and hanging) while women are more likely to choose poisons or barbiturates. Among those who committed suicide in 1979, the latest year for which data on methods of suicide are available, firearms and explosives were used by 64 percent of the men and 38 percent of the women, hanging by 14 percent of the men and 11 percent of the women, poisonous substances by 7 percent of the men and 28 percent of the women, and poisonous gases by 8 percent of the men and 11 percent of the women.

There has been a significant increase in suicide among teenagers. During the past decade, death rates from suicide at ages 15-19 rose by more than 60 percent among males in the general population and by more than 30 percent among females. Factors that precipitate suicide among teenagers are unhappiness at home, failure in school, and increased social pressures. As many of these adolescents show signs of depression or make suicidal gestures prior to a suicide attempt, some deaths could be averted if such symptoms were recognized and received prompt attention.

COMING...

1983 METROPOLITAN HEIGHT AND WEIGHT TABLES

An article describing the long-awaited updating of Metropolitan's 1959 desirable weight table will appear in the next issue of the Statistical Bulletin.

Characteristics of Office Visits to Physicians

During the two-year period 1977-78, males in the United States made more than 460 million visits to physicians, an average of more than two visits yearly per person. Females made nearly 700 million such visits, or about three visits per person each year. These findings are based on data from the National Ambulatory Medical Care Survey, 1977-78.

Detailed data on selected characteristics of the survey of visits to physicians in the conterminous United States are shown in Table 1 for males and Table 2 for females. Data on other aspects of these physician-patient encounters have appeared in earlier reports.*

More office visits were made to physicians in general and family practice than to physicians in any other specialty. About three eighths of all visits made by both male and female patients were to physicians in this specialty. Visits to physicians specializing in obstetrics or gynecology ranked second in number of office visits among females (15 percent). Among male patients, visits to pediatricians (13 percent) were second; this was the only specialty where more visits were recorded for males than for females. A substantial number of visits to specialists in internal medicine and general surgery were also recorded.

The vast majority of visits to physicians were attributed to old problems; about 60 percent of all visits by both male and female patients fell into this category. New patients accounted for about 15 percent of all visits and about 25 percent were related to new problems detected in patients previously seen by the physician. Most of the new problems presented to physicians were of recent origin. About half of all complaints based on specific symptoms had arisen less than a week prior to visiting the physician—52 percent among females and 50 percent among males. An additional one in six visits pertained to symptoms that were of one to three weeks' duration. Fewer than one in six patients with specific symptoms waited longer than three months before consulting a physician.

In the judgment of attending physicians, somewhat more than half of all female patients in the study were considered to have a condition that was not serious; among male patients slightly less than half were considered not seriously ill. Only about 20 percent of the male patients and about 15 percent of the female patients were deemed seriously ill. Although male patients included a somewhat higher *proportion* of those found to be seriously ill, the largest *number* of seriously ill patients were female.

To aid the physician, one or more diagnostic services were generally employed. Foremost among these services was a physical examination and/or history limited to one specific body site or system; this service was provided in about three fifths of all visits. Also relatively frequent were

*See also Apr-Jun 1982 and Jul-Sep 1982 issues of the *Statistical Bulletin*.

TABLE 1—OFFICE VISITS TO PHYSICIANS

Males, United States, 1977-78

Characteristic	Number of Visits (in millions)	Principal Reason for Visit*					
		All Visits	Symptoms	Diseases	Procedures†	Treatments	Injuries and Adverse Effects
		Percent Distribution					
Physician specialty							
General and family practice	175	100	60.5	8.3	11.7	5.0	7.7
Internal medicine	56	100	50.5	16.0	18.4	3.6	1.7
Pediatrics	60	100	54.8	6.1	25.7	6.7	2.9
General surgery	29	100	46.4	13.9	4.2	17.3	11.4
Prior visit status							
New patient	75	100	63.7	7.0	8.4	2.9	9.6
Old patient, new problem	115	100	72.2	3.8	7.8	2.5	8.5
Old patient, old problem	270	100	49.1	12.5	16.1	11.4	4.6
Seriousness of condition							
Serious	97	100	53.3	15.2	10.1	10.5	5.0
Slightly serious	151	100	63.7	10.0	8.6	6.5	7.1
Not serious	212	100	54.4	6.4	16.9	7.5	6.4
Diagnostic service							
None	52	100	44.2	6.9	9.4	27.5	5.8
Limited exam/history	271	100	63.9	10.1	7.6	6.1	7.9
General exam/history	100	100	50.2	7.7	26.1	2.2	2.5
Clinical lab test	84	100	52.0	12.7	20.4	2.8	.7
X-ray	46	100	60.0	5.5	11.1	2.6	15.3
EKG	20	100	47.7	11.8	29.7	1.2	.7
Blood pressure check	124	100	52.2	12.9	19.7	3.3	2.4
Other services	46	100	51.7	8.4	21.2	6.1	4.0
Therapeutic service							
None	87	100	40.5	9.3	17.9	8.4	7.7
Immunization	39	100	25.4	5.1	35.4	20.3	5.1
Drugs	236	100	71.6	11.0	8.1	2.7	3.6
Diet/counseling	119	100	55.9	12.0	17.9	4.5	4.2
Office surgery	43	100	46.9	6.0	3.3	16.7	24.7
Other services	54	100	64.4	6.3	7.2	12.4	5.9
Duration of visit							
No face to face contact	12	100	28.1	5.9	25.7	32.0	4.5
Under 6 minutes	72	100	52.4	8.8	9.9	14.0	8.9
6-10 minutes	138	100	60.4	9.4	11.6	5.8	6.7
11-15 minutes	121	100	58.8	10.5	13.4	5.1	5.5
16-30 minutes	90	100	58.3	9.8	13.5	5.0	6.0
31 or more minutes	28	100	55.6	7.0	15.4	12.4	3.4
Disposition of visit							
No follow-up	61	100	47.9	4.8	13.9	6.1	8.6
Return at specified time	265	100	50.6	11.7	16.0	10.2	6.1
Return if needed	106	100	73.8	6.4	6.7	4.0	5.9
Telephone follow-up	15	100	79.6	7.6	7.3	1.2	3.2
Other dispositions	30	100	69.3	12.5	10.8	5.3	5.0

*Excludes congenital anomalies under diseases, progress visits NEC under treatments, and injuries NOS under injuries and adverse effects.
†Diagnostic, screening, and preventive procedures.

Source of basic data: National Ambulatory Medical Care Survey.

TABLE 2—OFFICE VISITS TO PHYSICIANS

Females, United States, 1977-78

Characteristic	Number of Visits (in millions)	Principal Reason for Visit*					
		All Visits	Symptoms	Diseases	Procedures†	Treatments	Injuries and Adverse Effects
		Percent Distribution					
Physician specialty							
General and family practice	259	100	61.3	7.9	18.1	4.9	3.4
Internal medicine	77	100	58.9	14.5	16.1	3.5	1.3
Pediatrics	55	100	55.9	5.2	28.5	5.2	2.1
General surgery	40	100	53.0	11.9	8.1	17.3	4.2
Obstetrics and gynecology	103	100	26.4	3.4	59.8	7.0	.2
Prior visit status							
New patient	99	100	66.8	5.6	16.8	2.8	4.0
Old patient, new problem	170	100	71.6	3.9	14.1	2.7	4.3
Old patient, old problem	426	100	46.4	9.9	26.4	10.2	1.8
Seriousness of condition							
Serious	116	100	56.7	14.6	10.4	10.3	2.7
Slightly serious	211	100	65.5	9.7	11.9	6.1	3.4
Not serious	367	100	49.5	5.2	31.5	7.1	2.4
Diagnostic service							
None	69	100	49.3	5.8	10.3	25.7	2.4
Limited exam/history	411	100	60.0	8.7	18.6	6.2	3.4
General exam/history	152	100	50.0	6.5	34.5	2.2	1.3
Pap test	59	100	28.1	3.0	63.5	1.4	.2
Clinical lab test	160	100	47.6	8.8	35.4	2.5	.4
X-ray	47	100	65.6	6.2	12.2	2.7	10.2
EKG	18	100	56.2	10.6	23.9	2.1	.7
Blood pressure check	265	100	47.9	8.9	34.0	3.7	1.1
Other services	66	100	51.2	9.1	25.8	6.4	1.5
Therapeutic service							
None	137	100	34.9	7.4	38.3	8.3	3.3
Immunization	44	100	31.3	5.8	34.6	16.8	3.6
Drugs	373	100	69.0	9.4	13.3	3.9	1.7
Diet/counseling	194	100	53.8	9.4	25.8	5.4	2.0
Office surgery	47	100	53.9	7.5	8.6	16.3	11.0
Psychotherapy	39	100	64.9	4.1	12.3	14.1	1.1
Other services	54	100	54.2	4.2	28.2	6.5	3.9
Duration of visit							
No face to face contact	21	100	36.2	6.8	21.1	27.0	1.7
Under 6 minutes	101	100	49.9	7.3	24.0	11.5	3.5
6-10 minutes	203	100	57.0	8.4	22.1	6.2	3.0
11-15 minutes	190	100	56.5	9.2	21.8	5.1	2.6
16-30 minutes	142	100	57.5	8.0	22.8	4.8	2.5
31 or more minutes	38	100	62.3	5.8	15.2	11.6	1.4
Disposition of visit							
No follow-up	68	100	53.2	4.7	21.0	6.0	4.9
Return at specified time	435	100	48.1	9.6	27.2	8.7	2.4
Return if needed	154	100	70.9	6.0	12.9	4.8	2.8
Telephone follow-up	24	100	75.7	4.8	13.3	1.7	1.8
Other dispositions	44	100	69.3	8.9	11.3	6.0	1.6

*Excludes congenital anomalies under diseases, progress visits NEC under treatments, and injuries NOS under injuries and adverse effects.
†Diagnostic, screening, and preventive procedures.

Source of basic data: National Ambulatory Medical Care Survey.